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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing)  |   | Application Number  | 09/341,505                                       |
|  |   | Filing Date   | July 12, 1999                                    |
|  |   | First Named Inventor  | JACKSON, STEPHEN PHILIP                          |
|  |   | Group Art Unit  | 1653   |
|  |   | Examiner Name   | ROBINSON, H.                                     |
| Total Number of Pages in This Submission   | 4   | Attorney Docket Number  | MEWE-005   |
| <b>ENCLOSURES (check all that apply)</b>   |   |   |  |
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and interferences<br><input checked="" type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):<br><b>1. Return Receipt Postcard</b> | RECEIVED<br>APR 03 2002<br>TECH CENTER 1600/2900 |
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| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>  |   |   |  |
| Firm<br>or<br>Individual Name  | PAMELA J. SHERWOOD, Reg. No. 36.677   |   |  |
| Signature  |   |   |  |
| Date   | March 21, 2002  |   |  |

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| Typed or printed name  | Susan M. Alessi |      |                |
| Signature  |                 | Date | March 21, 2002 |

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PTO/SB/17 (10-01)  
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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 0;"><i>Patent fees are subject to annual revision.</i></p>  |                       | <b>Complete if Known</b>  |                         |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
|---|-----------------------|---|-------------------------|--|-----------------------|-----------------------|-----------------|----------|-----|---------------------|-----|--------------------|-------------------------------------|--------------------|-----|-----|-----|-----------------------|--|-----------------------|-----------------------|-----------------|-----|------------------|---------------------------|-----|------------------------|-------|-----|--------------------|---|-----------------------------------|-----|------|-----|------------------------|---|---------------------|-----|--------|-----|--|---|----|-----|-----|--|------------------------|--|--|-----|-----|-----|-----|---|--------|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--------|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|---------------------------------|--|--|
|   |                       | Application Number  | 09/341,505              |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
|   |                       | Filing Date   | July 12, 1999           |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
|   |                       | First Named Inventor  | JACKSON, STEPHEN PHILIP |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
|   |                       | Examiner Name   | ROBINSON, H.            |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
|   |                       | Group Art Unit  | 1653                    |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| TOTAL AMOUNT OF PAYMENT   |                       | (\$)  | 720.00                  |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| <b>METHOD OF PAYMENT</b>  |                       | <b>FEE CALCULATION (continued)</b>  |                         |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:<br/>Deposit Account Number 50-0815<br/>Deposit Account Name Bozicevic, Field &amp; Francis LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br/><input type="checkbox"/> Applicant Claims small entity status.<br/>See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:<br/><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  |                       | <b>3. ADDITIONAL FEES</b>   |                         |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
|   |                       | <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examination action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td>400.00</td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td>320.00</td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="5">Other fee (specify) _____</td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (3) (\$)</b> 720.00</td></tr></tbody></table> |                         | Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130                 | 205 | 65                 | Surcharge - late filing fee or oath |                    | 127 | 50  | 227 | 25                    | Surcharge - late provisional filing fee or cover sheet |                       | 139                   | 130             | 139 | 130              | Non-English specification |     | 147                    | 2,520 | 147 | 2,520              | For filing a request for ex parte reexamination |                                   | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examination action |                     | 113 | 1,840* | 113 | 1,840*   | Requesting publication of SIR after Examiner action |    | 115 | 110 | 215  | 55                     | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month | 400.00 | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal | 320.00 | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | For each additional invention to be examined (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  | <b>SUBTOTAL (3) (\$)</b> 720.00 |  |  |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee (\$)   | Fee Description         | Fee Paid   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 105   | 130                   | 205   | 65                      | Surcharge - late filing fee or oath  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 127   | 50                    | 227   | 25                      | Surcharge - late provisional filing fee or cover sheet                     |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 139   | 130                   | 139   | 130                     | Non-English specification  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 147   | 2,520                 | 147   | 2,520                   | For filing a request for ex parte reexamination                            |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 112   | 920*                  | 112   | 920*                    | Requesting publication of SIR prior to Examination action                  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 113   | 1,840*                | 113   | 1,840*                  | Requesting publication of SIR after Examiner action                        |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 115   | 110                   | 215   | 55                      | Extension for reply within first month                                     |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 116   | 400                   | 216   | 200                     | Extension for reply within second month                                    | 400.00                |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 117   | 920                   | 217   | 460                     | Extension for reply within third month                                     |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 118   | 1,440                 | 218   | 720                     | Extension for reply within fourth month                                    |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 128   | 1,960                 | 228   | 980                     | Extension for reply within fifth month                                     |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 119   | 320                   | 219   | 160                     | Notice of Appeal   | 320.00                |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 120   | 320                   | 220   | 160                     | Filing a brief in support of an appeal                                     |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 121   | 280                   | 221   | 140                     | Request for oral hearing   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 138   | 1,510                 | 138   | 1,510                   | Petition to institute a public use proceeding                              |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 140   | 110                   | 240   | 55                      | Petition to revive - unavoidable   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 141   | 1,280                 | 241   | 640                     | Petition to revive - unintentional   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 142   | 1,280                 | 242   | 640                     | Utility issue fee (or reissue)   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 143   | 460                   | 243   | 230                     | Design issue fee   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 144   | 620                   | 244   | 310                     | Plant issue fee  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 122   | 130                   | 122   | 130                     | Petitions to the Commissioner  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 123   | 50                    | 123   | 50                      | Processing fee under 37 CFR 1.17(q)  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 126   | 180                   | 126   | 180                     | Submission of Information Disclosure Stmt                                  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 581   | 40                    | 581   | 40                      | Recording each patent assignment per property (times number of properties) |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 146   | 740                   | 246   | 370                     | For each additional invention to be examined (37 CFR § 1.129(a))           |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 149   | 740                   | 249   | 370                     | For each additional invention to be examined (37 CFR § 1.129(b))           |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 179   | 740                   | 279   | 370                     | Request for Continued Examination (RCE)                                    |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 169   | 900                   | 169   | 900                     | Request for expedited examination of a design application                  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| Other fee (specify) _____   |                       |   |                         |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| <b>SUBTOTAL (3) (\$)</b> 720.00   |                       |   |                         |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| <b>FEE CALCULATION</b>  |                       |   |                         |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| <p>2. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td></td></tr></tbody></table>   |                       | Large Entity Fee Code   | Large Entity Fee (\$)   | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description       | Fee Paid        | 101      | 740 | 201                 | 370 | Utility filing fee |                                     | 106                | 330 | 206 | 165 | Design filing fee     |  | 107                   | 510                   | 207             | 255 | Plant filing fee |                           | 108 | 740                    | 208   | 370 | Reissue filing fee |   | 114                               | 160 | 214  | 80  | Provisional filing fee |   | <b>SUBTOTAL (1)</b> |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$)   | Fee Description  | Fee Paid              |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 101   | 740                   | 201   | 370                     | Utility filing fee   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 106   | 330                   | 206   | 165                     | Design filing fee  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 107   | 510                   | 207   | 255                     | Plant filing fee   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 108   | 740                   | 208   | 370                     | Reissue filing fee   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 114   | 160                   | 214   | 80                      | Provisional filing fee   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| <b>SUBTOTAL (1)</b>   |                       |   |                         |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| <p>1. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>8-20**</td><td>=</td><td>x</td><td>=</td></tr><tr><td>Indep. Claims 4-3**</td><td>=</td><td>x</td><td>=</td></tr><tr><td>Multiple Dependent</td><td>=</td><td>=</td><td>=</td></tr></tbody></table><br><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) \$</b></td></tr></tbody></table> |                       | Total Claims  | Extra Claims            | Fee from below   | Fee Paid              | 8-20**                | =               | x        | =   | Indep. Claims 4-3** | =   | x                  | =                                   | Multiple Dependent | =   | =   | =   | Large Entity Fee Code | Large Entity Fee (\$)                                  | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | 103 | 18               | 203                       | 9   | Claims in excess of 20 | 102   | 84  | 202                | 42  | Independent claims in excess of 3 | 104 | 280  | 204 | 140                    | Multiple dependent claim, if not paid                     | 109                 | 84  | 209    | 42  | ** Reissue independent claims over original patent | 110   | 18 | 210 | 9   | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) \$</b> |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| Total Claims  | Extra Claims          | Fee from below  | Fee Paid                |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 8-20**  | =                     | x   | =                       |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| Indep. Claims 4-3**   | =                     | x   | =                       |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| Multiple Dependent  | =                     | =   | =                       |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$)   | Fee Description  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 103   | 18                    | 203   | 9                       | Claims in excess of 20   |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 102   | 84                    | 202   | 42                      | Independent claims in excess of 3  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 104   | 280                   | 204   | 140                     | Multiple dependent claim, if not paid                                      |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 109   | 84                    | 209   | 42                      | ** Reissue independent claims over original patent                         |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| 110   | 18                    | 210   | 9                       | ** Reissue claims in excess of 20 and over original patent                 |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| <b>SUBTOTAL (2) \$</b>  |                       |   |                         |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |
| <p>**or number previously paid, if greater; For Reissues, see above.</p>  |                       | <p>*Reduced by Basic Filing Fee Paid</p>  |                         |  |                       |                       |                 |          |     |                     |     |                    |                                     |                    |     |     |     |                       |  |                       |                       |                 |     |                  |                           |     |                        |       |     |                    |   |                                   |     |      |     |                        |   |                     |     |        |     |  |   |    |     |     |  |                        |  |  |     |     |     |     |   |        |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |  |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                 |  |  |

| <b>SUBMITTED BY</b> |                    | <b>Complete (if applicable)</b>   |            |           |                |
|---------------------|--------------------|-----------------------------------|------------|-----------|----------------|
| Name (Print/Type)   | Pamela J. Sherwood | Registration No. (Attorney/Agent) | 36,677     | Telephone | (650) 327-3400 |
| Signature           |                    | Date                              | 03/21/2002 |           |                |

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| CERTIFICATE OF MAILING  |                        |                      |                         |
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| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:<br>Commissioner of Patents, Washington, D.C. 20231. |                        |                      |                         |
| Typed or Printed Name: Susan M. Alessi  |                        |                      |                         |
| Signature   | <i>Susan M. Alessi</i> | Date                 | March 21, 2002          |
| <b>NOTICE OF APPEAL<br/>FROM THE EXAMINER TO THE<br/>BOARD OF PATENT APPEALS</b>  |                        | Customer Number      | 24353                   |
|   |                        | Application Number   | 09/341,505              |
|   |                        | Confirmation Number  | 5221                    |
|   |                        | Filing Date          | July 12, 1999           |
|   |                        | First Named Inventor | JACKSON, STEPHEN PHILIP |
|   |                        | Examiner Name        | ROBINSON, H.            |
|   |                        | Group Art Unit       | 1653                    |
|   |                        | Attorney Docket      | MEWE-005                |

Sir:

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner dated, September 21, 2001 finally rejecting claims 1-6, 19, 22, & 25.

The fee for this Notice of Appeal is (37 C.F.R. § 1.17(b)): \$ 320.00

☐ Applicant claims small entity status. See 37 C.F.R. § 1.27.

Therefore, the fee shown above is reduced by 1/2, and the resulting fee is: \$

☒ A petition for an extension of time under 37 C.F.R. § 1.136(a) from January 21, 2002 to March 21, 2002 (2 months) is requested.

The total extension fee is: \$ 400.00

Total amount to be charged to Deposit Account 50-0815: \$ 720.00

**The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this sheet is enclosed.**

I am the:

- ☐ applicant/inventor
- ☐ assignee of record of the entire interest.  
See 37CFR 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed.
- ☒ attorney or agent of record
- ☐ attorney or agent acting under 37 CFR 1.34(a)  
Registration number if acting under 37 C.F.R. § 1.34(a): \_\_\_\_\_

Respectfully submitted,  
BOZICEVIC, FIELD & FRANCIS LLP

By: *Pamela J. Sherwood*  
Pamela J. Sherwood, Reg. No. 36,677

Date: March 21, 2002

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